



Professional Support and Wellbeing Supporting trainers of trainees in difficulty

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Today's session

- The challenge of managing Trainees in Difficulty (TiDs)
- Trainers' roles
- Escalating concerns
- Focus on trainers of high-risk trainees
- Getting the portfolio and ARCP right
- The importance of seeking support
 - Practical
 - Psychological

The challenge of TiDs

"We, as trainers, struggle because we don't have the techniques, we don't want the challenge of dealing with those difficult conversations, it doesn't feel culturally acceptable to identify failure rather than success, and it's easier to put your head in the sand and let it be somebody else's problem rather than acknowledging the issue and taking on what is extra work"



But is this still true?

- Taught sessions
- Supervisor training includes sessions on TiDs
- PSW and other workshops
- Experiential learning TiDs are not that uncommon
- Supporting TiDs is generally very rewarding but not always!!
- Ensure you look after yourself as well as them



Reasons for Difficulty

- Dysfunctional relationship between trainer and trainee is a major reason for difficulty
- Factors may be related to :
- 1. Trainee
- 2. Trainer
- 3. Training environment



Dysfunctional relationship – trainer v trainee

- Communication problems
- Personality clash
 - 1. Perfectionist, pedantic, rigid
 - 2. Self-proclaimed high standards
- Power differential
 - 1. Evaluative function
 - 2. Fault finding mission
 - 3. Self-fulfilling prophecy
 - 4. Trainee may feel powerless, fearful



Trainee factors

- Inflexible
- Clinically incompetent
- Health issues
- Career choice
- Arrogant
- Poor time-keeping or organisational skills
- Refused to do what is asked
- Exhibited poor communication skills
- Lacks enthusiasm
- Lacks educational objectives
- Difficult personality



Trainer factors

- Authoritarian and bullying
- Controlling
- Indecisive and disorganised
- Burnt-out
- A trainer who is never there
- A trainer biding time to retirement
- The flirtatious trainer
- Knowledge gap
- Poor teacher and communicator



Trainers' essential skill

- GMC uses the Academy of Medical Educators' Professional standards for medical, dental and veterinary educators (2014)' criteria against which all trainers in recognised roles must provide evidence of their ongoing professional development
- The criteria comprise seven areas
 - Ensuring safe and effective patient care through training
 - Establishing and maintaining an environment for learning
 - Teaching and facilitating learning
 - Enhancing learning through assessment
 - Supporting and monitoring educational progress
 - Guiding personal and professional development
 - Continuing professional development as an educator



General principles for managing TiDs

- Act Do not ignore
- Document supportively ideally in trainee's portfolio
- Be fair; acknowledge what's good
- Facts not opinions
- · Care with emails/social media
 - No inappropriate copying of emails
 - No pejorative comments
- Recognise your limitations



Recognising your limitations

- You are <u>not</u>:
 - An expert in all areas of support
 - The trainee's doctor
 - A counsellor
 - A psychologist
 - An expert in HR issues
 - The owner of the trainee's problems
- You should seek advice and support early
- Don't work in isolation



Important questions to ask

At the beginning or if anything changes

- Is the trainee safe to be at work?
- Is there any risk of self-harm?
- Does the trainee have a support network?
- Do I have the support I need?
- Do I need to escalate immediately, or can it wait?
 - Who to?
- Would the PSW be of benefit?

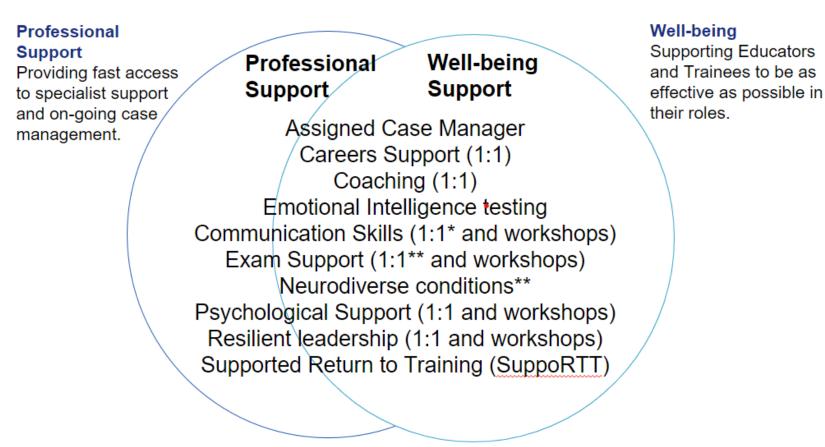


Where to seek support

- Educational issues
 - Trainee-related: DME, TPD, APD
 - Training environment: GoSW, DME, TPD, Quality Team
- Conduct and capability
 - HR, CD, MD, Lead Employer, RO
- Health
 - OH, GP
- Most TiDs should also be referred to the PSW



What can the PSW offer



......<u>But,</u> remember, it is not a panacea!



Making the most of OH

- Ask the right questions
- Does the trainee's illness affect their ability to learn / train
- Are there any adjustments that will maximise the opportunities for the trainee to complete training
- Recognise that not all OH departments are familiar with the requirements of training programmes



Making adjustments

- Not all adjustments are reasonable
- Shortening hours has financial implications
 - Royal Medical Benevolent Fund
- Access to Work Government scheme
 - Grants to pay for practical support
 - Support with managing mental health
 - Support with communication
- Pausing training while adjustments put in place



Red flags for high risk to trainers

- When the trainee has:
- Performance and behavioural issues
- Poor interpersonal skills
- Lack of insight
- Blaming of trainers and/or training environment
- Alleging bullying and/or discrimination



Managing the high risk trainee

- Experienced ES
 - Review portfolio
 - PDP mapped to ARCP: SMART targets
 - Regular educational meetings: document content and share with trainee; record any disagreements; witness may be needed; e.g. HR rep.
 - Objective evidence rather than generalisations
 - Avoid widely copying emails, using WhatsApp groups
 - Seek advice from DME, TPD, HoS etc
- Seek support for yourself and other members of the team



The PSW and the high risk trainee

- Experienced case worker
- Appropriate onward referrals
- Refer to Complex Case Advisory Group (CCAG)
 - Monthly meeting
 - Senior members of the PSW
 - High risk trainees considered individually
 - Review of progress
 - Action plan for the next month



Supportive meetings with trainees outside of the PSW

- TPD, HoS, DPD, Revalidation, Assessment and Performance Manager
- Co-temporaneous minutes
- Check all necessary support is in place
- Reinforce what trainee needs to do to complete training and the consequences of not doing it
- Provides clarity to TPD/HoS about what they need to do and what is being done to support the trainee



Serious Concerns Review Group

- SCRAG
- Postgraduate Dean, Senior Leadership Team, Revalidation, Assessment and Performance Manager
- Most challenging cases
 - Removal of NTN/outcome 4
 - Referral to GMC
- Consensus view
 - Lots of wisdom
 - Sharing of responsibility



Preparing for a challenging ARCP

Role of the TPD/ARCP Panel Chair

- Ask for lay, PGD's and external representatives
- Seek help from HoS/DPD SCRAG
- Ensure all relevant evidence recorded in portfolio
- TPD report (and trainee response)
- Training timeline
- Ensure reasonable adjustments in place
- Other support offered PSW, supportive meetings
- Keep trainee informed



Outcomes 3 & 4: The ARCP Form

- Use supportive language
- Acknowledge the good
- Base decision on what is recorded in portfolio plus supplementary evidence submitted to the panel
- Give clear, objective, defensible reason(s) for decision
- Consider mitigations, if all available support was offered, etc
- For outcome 3,
- Detailed supportive remedial training plan
- Record what would lead to an outcome 4



What are we trying to achieve?

- Best possible outcome is that the remedial training plan and the support we offer are effective
- The next best is that you've built a strong case
 - Easy to defend at an appeal or tribunal
 - Reduces the stress on the trainers involved
- Remember to take advantage of the support on offer
 - Practical
 - Psychological



Psychological support for trainers

- Supporting a TiD can be psychologically challenging
- Can cause trauma
- We have a duty of care to you as trainers
- Psychological support for trainers of TiDs available through the PSW since 2017
- Limited uptake to date
- We'd encourage you to take advantage of this if you do feel psychologically affected



Scenario 1.1

Your trainee is clearly struggling in your post. They lack some key clinical skills, turn up late to work and you think they are sometimes tearful.

You know they have some family difficulties and met with occupational health just before starting.

How do you respond in this kind of situation?



Scenario 1.2

The trainee doesn't turn up to work one day and you are starting to get worried.

They call mid-afternoon in tears, apologising and ask if they could meet to discuss their situation at 5pm in a nearby coffee-shop as they are too anxious to come into the hospital.



Scenario 1.3

When you meet, they explain that they have had depression, and their relationship at home is under a lot of pressure.

They had some thoughts of suicide but are feeling a bit better now. They ask you not to tell anyone as they feel very embarrassed and will make sure that they turn up to work.



Scenario 2.1

As a TPD (or ES), you know that one of your supervisor colleagues is struggling with their trainee, who has been underperforming.

What kind of things might you notice in a struggling educator?



Scenario 2.2

You receive an email from the trainer sent to all the department saying that the trainee isn't safe to be working unsupervised, and that "she is a complete basket-case" and "why do I get all the nut jobs?!?"

How would you respond?



Scenario 2.3

The trainee's ES meets the trainee who says they don't think they have a problem, but that you're providing no teaching, won't do WPBAs, won't let him go to clinic.

What would you do as the CS? What would the ES do?



Scenario 3.1

A trainee who has struggled previously is moved to a new Trust. Just before arriving they are diagnosed with ADHD with a "strong suspicion of autistic traits".

They are due to start next week, but they email saying they should be getting Reasonable Adjustments and have applied to Access to Work for support.

How would you prepare as ... DME / TPD / CS?



Scenario 3.2

You struggle with the trainee, who has a range of attitude and behaviour concerns towards patients and staff, that you do not think are acceptable and require frequent challenging.

The trainee complains that they are being bullied and undermined to the MD.

How would you feel and what would you do?



Coping with criticism from a trainee in difficulty

- Reflect
- Look through the portfolio/other records
- Be your own caring critic
- Above all be honest with yourself
- If you could have done something better, learn from it and do it better next time
- Resilience



Feeling maliciously accused

- Be reflective
- Respond in as charming a way as you can
- Try not to be adversarial it'll come back and bite you!
- Seek outside support
- Trust
- Deanery TPD, AD, Head of School, PSW
- BMA
- Medical Defence Organisation
- Psychologist/Counsellor/Practitioner Health Programme, BMA Wellbeing services, Doctors' support network.



Key messages

Document content and share with trainee

Minimise risk

Be fair, consistent and objective

Seek advice and don't work in isolation

Recognise your limitations and the potential need for psychological support

Ensure the trainee is supported too

Patient safety and experience is paramount

Document everything	Respect Confidentiality: Be careful who the email is copied to but make sure you include relevant people
Agree next steps with trainee and include them wherever possible in discussions	Seek advice and help – you are not alone

Professional / supportive tone

Any questions?





Professional Support and Well-being Service



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https://heeoe.hee.nhs.uk/psw/east-england-professionalsupport-and-well-being-service



Thank you very much for your time